



3

RULE 63 (37 C.F.R. 1.63)
INVENTORS DECLARATION FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ESTROGEN RECEPTOR BETA VARIANTS AND METHODS OF DETECTION THEREOF

the specification of which (check applicable box(s)):

- is attached hereto
 was filed on 01/24/2001 as U.S. Application Serial No. 09/768,185
 was filed as PCT International application No. _____ on _____
and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.		
Application Number	Date/Month/Year Filed	

60/183,755 02/22/2000

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s): Application Serial No.	Day/Month/Year Filed	Status: patented pending, abandoned
--	----------------------	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby appoint CELERA GENOMICS, Attn: Robert A. Millman, Director of Intellectual Property, 45 West Gude Drive C2-4#20, Rockville, Maryland 20850, telephone number (240) 453-3067 (Customer No. 25748, and to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively owner's/owners' attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Robert A. Millman, Reg. No. 36,217; Michael J. Schmelzer, Reg. No. 43,093; Justin D. Karjala, Reg. No. 43,704; Lin Sun-Hoffman, Reg. No. 47,983. I also authorize CELERA GENOMICS to delete any attorney names/numbers no longer with the company and to act and rely solely on instructions directly communicated from the person, assignee, attorney, firm, or other organization sending instructions to CELERA GENOMICS on behalf of the owner(s).

1. Signature:	<u>Francis Kalush</u> Francis KALUSH	Date: <u>August 9, 2001</u>
Residence Address:	Rockville, MD, US	Citizenship: <u>UY</u>
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
2. Signature:	<u>Michael J CASSEL</u> Michael J CASSEL	Date: _____
Residence Address:	San Leandro, CA, US	Citizenship: <u>US</u>
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
3. Signature:	<u>Stuart Soo-In HWANG</u> Stuart Soo-In HWANG	Date: _____
Residence Address:	San Carlos, CA, US	Citizenship: <u>US</u>
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
4. Signature:	<u>Emily S. Winn-Deen</u> Emily S WINN-DEEN	Date: <u>10-9-01</u>
Residence Address:	Potomac, MD, US	Citizenship: <u>US</u>
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
5. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
6. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
7. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
8. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	

1. Signature:	<u>Francis KALUSH</u>	Date: _____
Residence Address:	<u>Rockville, MD, US</u>	Citizenship: <u>UY</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
2. Signature:	<u>Michael J Cassel</u>	Date: <u>8-21-01</u>
Residence Address:	<u>San Leandro, CA, US</u>	Citizenship: <u>US</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
3. Signature:	<u>Stuart Soo-In HWANG</u>	Date: _____
Residence Address:	<u>San Carlos, CA, US</u>	Citizenship: <u>US</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
4. Signature:	<u>Emily S WINN-DEEN</u>	Date: _____
Residence Address:	<u>Potomac, MD, US</u>	Citizenship: <u>US</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
5. Signature:	_____	Date: _____ Citizenship: _____
Residence Address:	_____	
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
6. Signature:	_____	Date: _____ Citizenship: _____
Residence Address:	_____	
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
7. Signature:	_____	Date: _____ Citizenship: _____
Residence Address:	_____	
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
8. Signature:	_____	Date: _____ Citizenship: _____
Residence Address:	_____	
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	

1. Signature:	<u>Francis KALUSH</u>	Date: _____
Residence Address:	<u>Rockville, MD, US</u>	Citizenship: <u>UY</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
2. Signature:	<u>Michael J CASSEL</u>	Date: _____
Residence Address:	<u>San Leandro, CA, US</u>	Citizenship: <u>US</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
3. Signature:	<u>Stuart Soo-In HWANG</u>	Date: <u>8-25-2001</u>
Residence Address:	<u>San Carlos, CA, US</u>	Citizenship: <u>US</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
4. Signature:	<u>Emily S WINN-DEEN</u>	Date: _____
Residence Address:	<u>Potomac, MD, US</u>	Citizenship: <u>US</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
5. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
6. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
7. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
8. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	